

4924

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>137 9/5a</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>264</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____	St. _____	Ward _____
2. Full name of child <u>Eleanor Zederich</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____		5. Legitimate? <u>yes</u>	
5. No., in order of birth <u>2</u>		7. Date of birth <u>Dec. 8 - 1915</u>	
8. FATHER		14. MOTHER	
Full name <u>Peter John Zederich</u>		Full maiden name <u>Elizabeth Weptula</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Cauc.</u>		16. Color or race <u>Cauc.</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>18</u> (Years)	
12. Birthplace (city or place) <u>Domacia</u>		18. Birthplace (city or place) <u>Jersey City</u>	
(State or country) <u>Austria</u>		(State or country) <u>New Jersey</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Motorman</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>Yes</u>	
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born</u> at <u>1:15</u> a.m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		(Born alive or stillborn.)	
Signature <u>Eyril M. Brown M.D.</u>		(Physician or midwife)	
Address <u>Miami, Arizona</u>			
en name added from supplemental report <u>578-1208-541</u>		Filed <u>April 30</u> , 19 <u>24</u>	
Month, day, year.		Filed <u>5-5</u> , 19 <u>24</u>	
Registrar.		Local Registrar. <u>E.E. Davis</u>	
		County Registrar.	